

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Unnamed Addie*
Died at *Freemore City* Town *Freemore* County *Freemore*Date of death *1906* Month *8* Day *1* Age *✓* Years *✓* Months *✓* Days *✓*Sex *male* Color or Race *white* Birth-place *✓*Occupation *✓* Where Residing if not at place of death *✓*Married, Single or Widowed *✓* Name of Wife or Husband *✓*

Father's Name Birthplace

Mother's Maiden Name Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary *Stomach* How longImmediate *Stomach* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Wilson M. D.
Freemore City

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Theodor Black

8/23/1906

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>23</i>	Age <i>58</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Snow Hill Md</i>				
Occupation			Where Residing if not at place of death <i>Snow Hill Md</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Black</i>					
Father's Name <i>John Henry Renewell</i>		Father's Birthplace <i>Snow Hill Md</i>					
Mother's Maiden Name <i>Julia Renewell</i>		Mother's Birthplace <i>Snow Hill Md</i>					
Name of person giving information <i>Laura Johnson</i>		(178)		How related to deceased <i>Aunt</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Swollen Very Much</i>	How long <i>Six months</i>
Immediate <i>Tell not Chair Dead</i>	How long <i>Three Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No Doctor</i>
	Address
Accident or Suicide? <i>—</i>	

Wrote to Gen. Korman
Sunday at
Dunstable

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Pocomoke		Pocomoke		Worcester			
Date	Month	Day	Age	Years	Months	Days	
of death	1906	6	13		9		
Sex	Male		Color or Race	Black		Birth-place	Pocomoke
Occupation			Where Residing If not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Charlie Blake				Father's Birthplace	Ind
Mother's Maiden Name		Ocia Blake				Mother's Birthplace	Ind VA
Name of person giving Information		Ocia Blake				How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterial Congestion	How long	2 days
Immediate	Exhaustion	How long	some hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. W. Wallis
		Address	Pocomoke
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town <i>Morristown</i>		County <i>Maryland</i>		MAYLAND	
Date of death <i>1906 Aug</i>	Month <i>Aug</i>	Day <i>7th</i>	Age <i>26</i>	Years		Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Snow Hill Md</i>				
Occupation			Where Residing if not at place of death <i>Snow Hill Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Perry Blake</i>						
Father's Name <i>Isaac Bratten</i>	Father's Birthplace <i>Snow Hill Md</i>						
Mother's Maiden Name <i>Charlotte Bratten</i>	Mother's Birthplace <i>Snow Hill Md</i>						
Name of person giving information <i>Perry Blake</i>			(120)		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>12 months</i>
Immediate	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. D. Drayton</i>
	Address <i>Snow Hill, Md.</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

CERTIFICATE OF DEATH

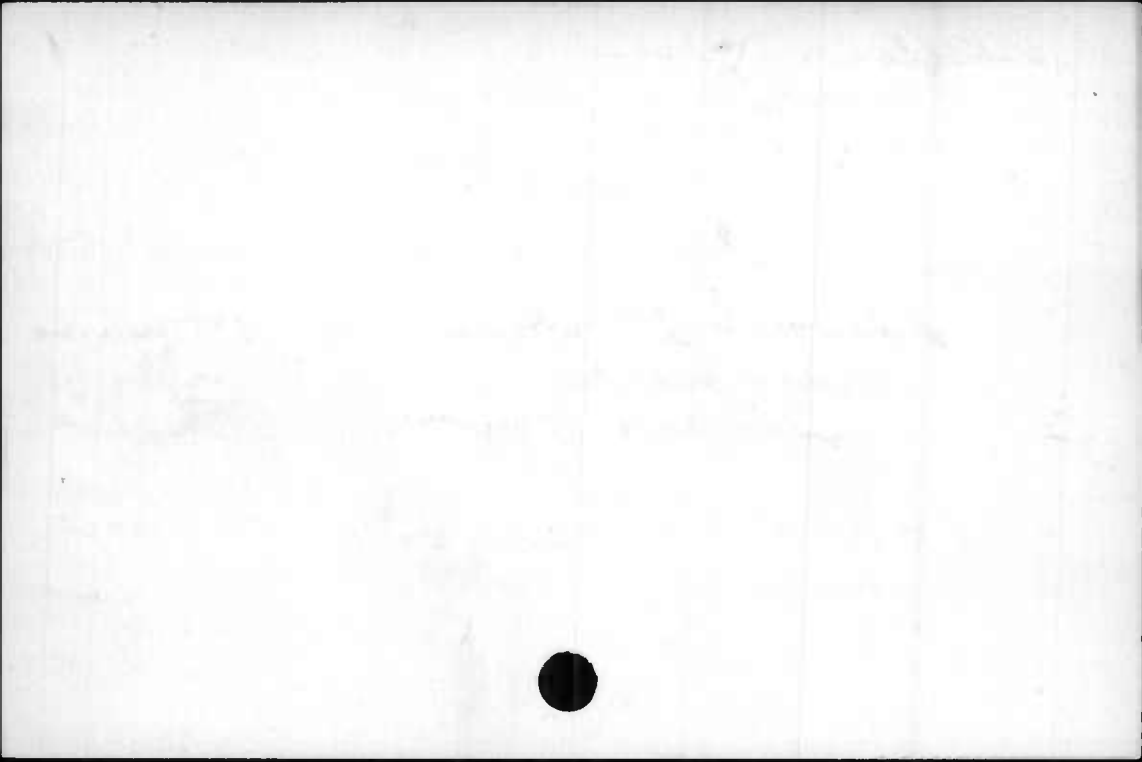
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke City</i>		Town <i>Stallards Run</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906 Aug 15</i>		Month <i>Aug</i>		Day <i>15</i>		Age <i>4</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Pocomoke</i>			
Occupation <i>infant</i>		Where Residing if not at place of death <i>" "</i>					
Married, Single or Widowed <i>"</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Stewart Dryden</i>		Father's Birthplace <i>Worcester Co</i>					
Mother's Maiden Name <i>Mary Quinn</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Stewart Dryden</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>cholera infantum</i>	How long	<i>4 days</i>
Immediate	<i>congestion & convulsions</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Samuel Quinn</i>	
<i>yes</i>		Address <i>Pocomoke City</i>	
Accident or Suicide?			



Name
in
Full

Mary E. E. Evans

CERTIFICATE OF DEATH

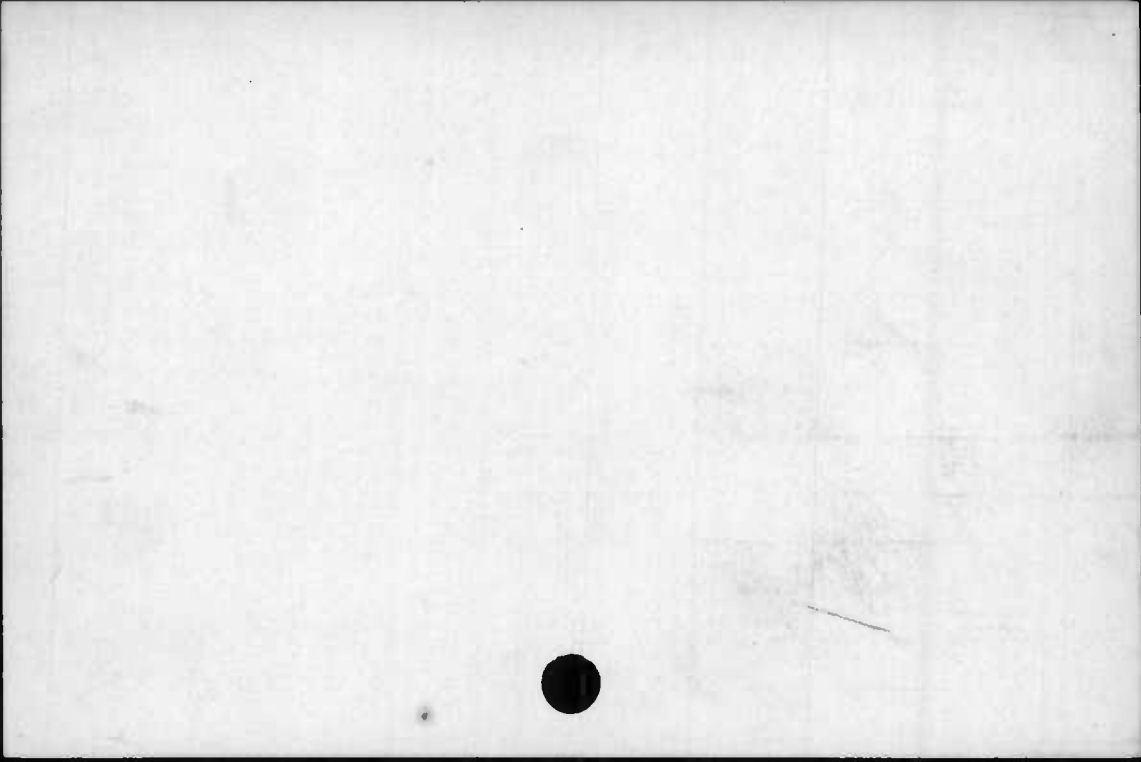
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	<u>1906</u> ^{Month}	<u>Aug</u> ^{Day}	<u>19</u> ^{Years}	<u>67</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>Maryland</u>	
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband <u>Curtis J. Evans</u>				
Father's Name	<u>Zach R. Purnell</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Mary Thammmond</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Curtis J. Evans</u>			How related to deceased	<u>Thursman</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Phthisis Pulmonalis</u>	How long	<u>Annual years</u>
Immediate	<u>Phthisis Pulmonalis</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>James W. Pitts</u>	
		Address <u>Berlin, Md.</u>	
Accident or Suicide?			



Name
in
Full

Minnie Fasset

CERTIFICATE OF DEATH

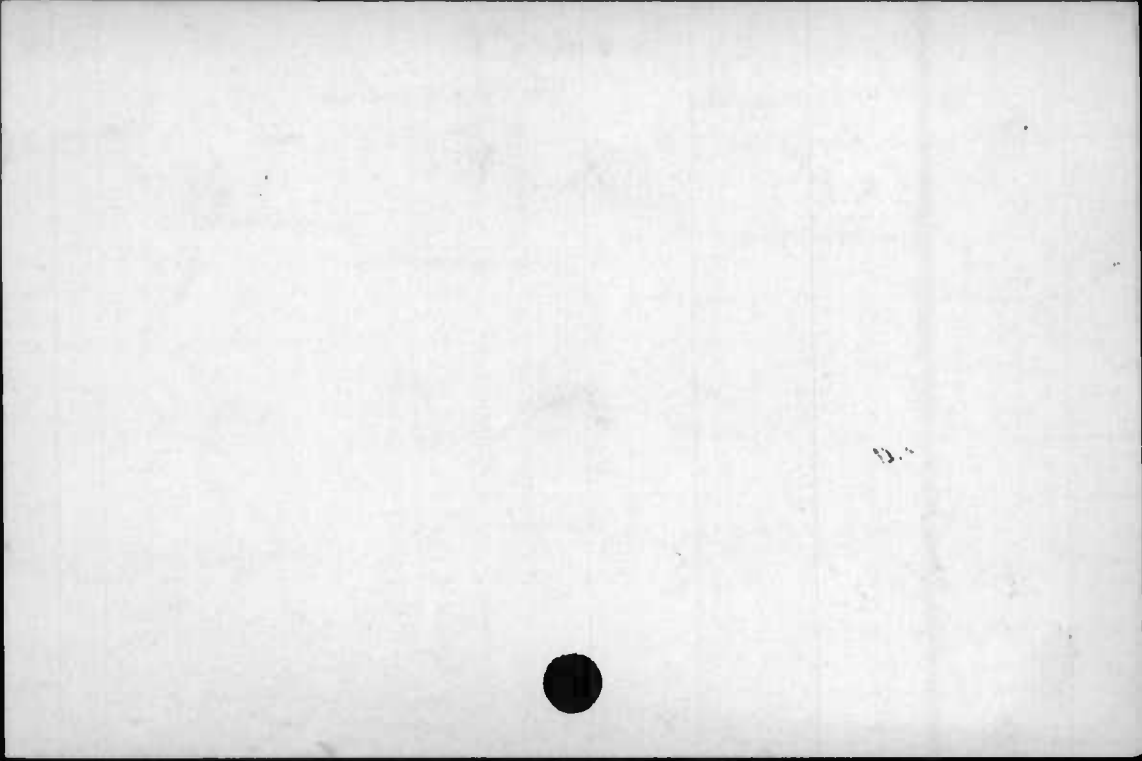
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Aug	16	7			
Sex	Male		Color or Race	Blk		Birthplace	Ind
Occupation	Farmer			Where residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		
John Smith					Nephew		

CAUSES OF DEATH

Primary	Bright disease	How long	2 years
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. J. Erickson	
Address		Berlin Md	
Accident or Suicide?		X	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant no name Gayfield

Town Gray Snow Hill County Worcester MARYLAND

Died at Gray Snow Hill

Date of death 1906 Month Aug Day 29 Age — Years — Months 2 Days 20

Sex female Color or Race white Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Garlio Dayfield Father's Birthplace Ind

Mother's Maiden Name Linda Robinson Mother's Birthplace Ind

Name of person giving information Garlio Dayfield How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary from inquiry I find that How long —

Immediate this child died of diarrhoea How long —

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician They had no physician

Address Paul Jones

Snow Hill Md

Accident or Suicide? —



Name
in
Full

Lemuel Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Boptailmon*^{County} *Mm.*Date
of death 1906Month *4*Day *27*Age ^{Years} *24*Months *"*Days *7*

Sex

*Male*Color or
Race*White*Birth-
place*MD*

Occupation

*Farmer*Where Residing if not
at place of death*- Md.*Married, Single
or *Married*Name of Wife or
Husband*No.*Father's
Name*Egbert Henderson*Father's
Birthplace*MD*Mother's
Maiden NameMother's
BirthplaceName of person giving
Information*Son*How related
to deceased*Son*

CAUSES OF DEATH

Primary

How long

Immediate

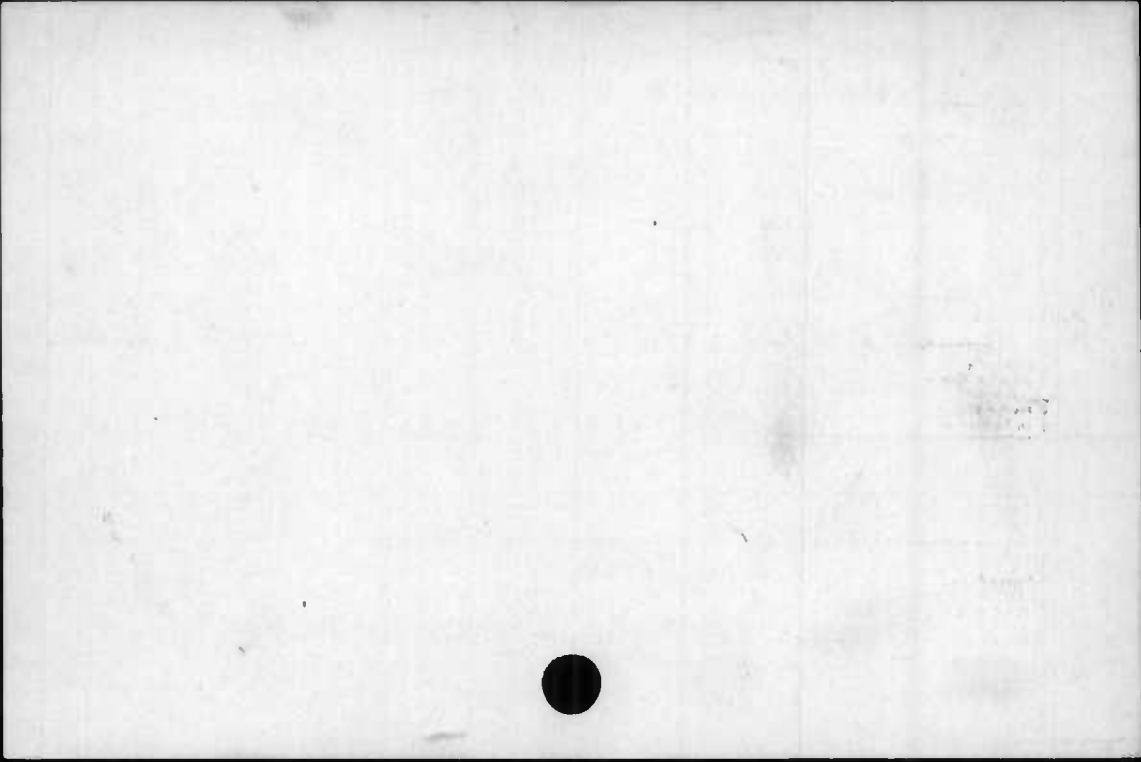
Heart Failure

How long

*Instant*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*No Doctor*

Address

Accident or Suicide?



Name
in
Full

Samuel H Johnson

CERTIFICATE OF DEATH

Died at

Salisbury

Salisbury

MARYLAND

Date

of death 1906

Month

Aug

Day

14

Age

Years

14

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Marion Nw

Occupation

School

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joseph E Johnson

Father's
Birthplace

Marion Nw

Mother's
Maiden Name

Leah J Coulbourn

Mother's
Birthplace

Marion

Name of person giving
In formation

Mrs Johnson

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Appendicitis

How long

one week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W F Hall
Onsfield Nw

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary Lane

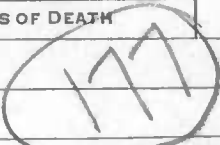
CERTIFICATE OF DEATH

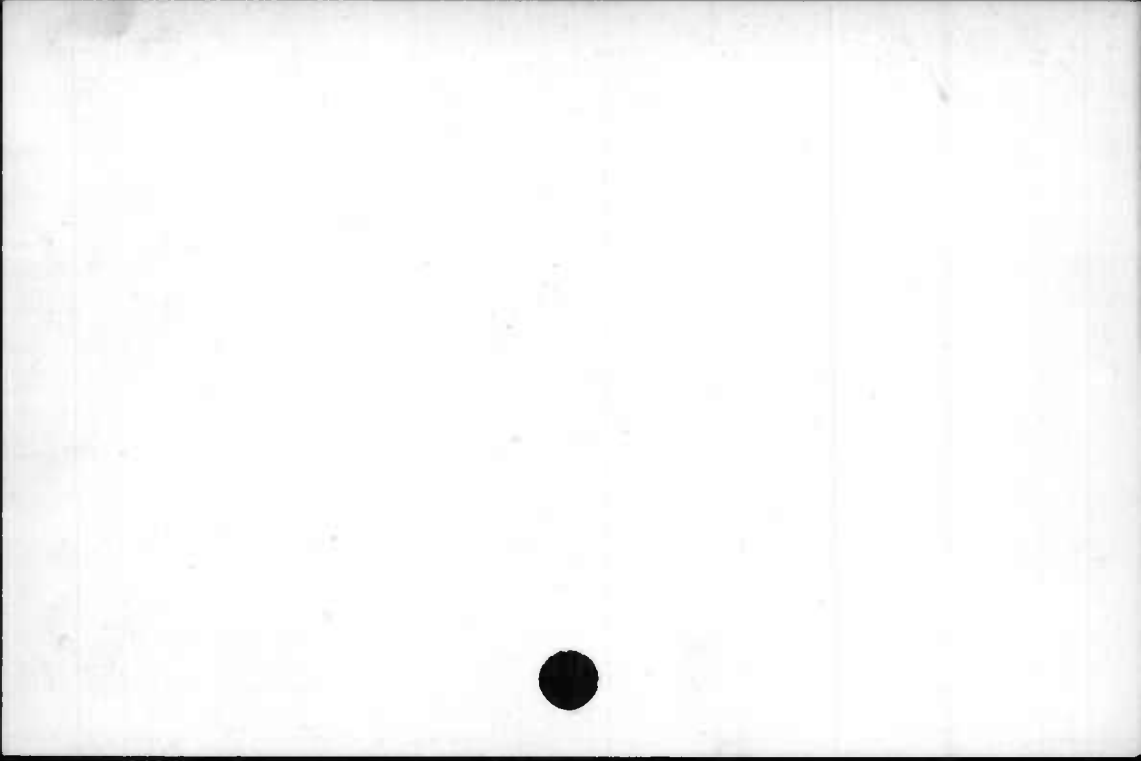
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near Poemoke		County Worcester		MARYLAND	
Date of death		Month	Day	Age	Months	Days	
1906		8	21	70			
Sex	female		Color or Race	Col		Birth-place	Near Poemoke
Occupation				Where Residing if not at place of death	Worcester Co Md		
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name	Unknown					Father's Birthplace	
Mother's Maiden Name	Julia Ann					Mother's Birthplace	
Name of person giving information	Mayor Baile					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediata		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
		Poemoke City
Accident or Suicide?		



Name
in
Full

163 J. W. Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>1</u> <small>Day</small>	<u>66</u> <small>Years</small>	<u> </u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Thomas Lane</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Barbara Lane</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Bar Lane</u>			How related to deceased	<u>Son</u>

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<u>Chronic Dis. Colitis</u>	How long	<u>Several years</u>
Immediate	<u>Acute Dis. Colitis</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>C. W. Drickson</u>
		<u>E. Drickson</u>	
		<u>Berlin Md.</u>	
Accident or Suicide?			



Name
In
Full

Margaret Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke		County Wicomico		MARYLAND	
Date of death		Month Aug	Day 6	Years 58	Months 10	Days	
Sex Female	Color or Race White	Birthplace Somerset Co. Md.					
Occupation Housewife	Where Residing if not at place of death ✓						
Married, Single or Widowed Married	Name of Widow Husband John H. Mills						
Father's Name H. W. Milbourne	Father's Birthplace Somerset Co. Md.						
Mother's Maiden Name Mary Paton	Mother's Birthplace Somerset Co. Md.						
Name of person giving information John H. Mills				How related to deceased Husband.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Jauquies	How long	3 weeks
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. M. Wilson M.D.	
		Address Pocomoke City	
Accident or Suicide? ✓			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pocomoke City</i>		County <i>Norchester</i>		MARYLAND	
Date of death		Month <i>Aug</i>	Day <i>4</i>	Age Years <i>3</i>		Months <i>3</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Pocomoke City</i>			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name <i>Wm H Parker</i>				Father's Birthplace <i>Norwich Co Va</i>			
Mother's Maiden Name <i>Clarecy Littleton</i>				Mother's Birthplace <i>Prism Co Va</i>			
Name of person giving information <i>Wm H Parker</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>Since birth</i>
Immediate	<i>Ileo Colitis</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. H. Hall</i>	
		Address <i>Pocomoke City Md</i>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Columbus B Redden

Died at ^{Town} Snow Hill

County Worcester

MARYLAND

Date of death 1906 Aug 4 Age 40 Months 6 Days 23

Sex male Color or Race white Birth-place Pocomoke City Md

Occupation Laborer Where Residing If not at place of death

Married, Single or Widowed Married Name of Wife or Husband Ella Redden

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information Ella Redden How related to deceased wife

CAUSES OF DEATH

Primary Typhoid fever How long two weeks

Immediate Heart failure How long two days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND	
Date of death		Month <i>Aug</i>	Day <i>23</i>	Years <i>89</i>		Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Somerset Co</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Pocomoke city</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jane Whittington</i>					
Father's Name <i>Dont Butler</i>		Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving In formation <i>Jas Bailey</i>		How related to deceased <i>Neighbor</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Prostatitis & Cystitis</i>	How long <i>some years</i>
Immediate <i>Callaps</i>	How long <i>some days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Samuel S. Quinn</i>
	Address <i>Pocomoke city Md</i>
Accident or Suicide?	



TO BE ANSWERED BY
NEAREST FRIEND

Infant child of Mary Robbins 8 23 XV

Full Name: *Infant child of Mary Robbins*

Town: *Berlin* County: *Prince George's* MARYLAND

Died at *Berlin*

Date of death: *1906 Aug 9* Month: *Aug* Day: *9* Age: *—* Years: *—* Months: *11* Days: *—*

Sex: *Female* Color or Race: *Black* Birth-place: *Maryland*

Occupation: *—* Where Residing if not at place of death: *—*

~~Married~~ Single or ~~Widowed~~ Name of Wife or Husband: *—*

Father's Name: *—* Father's Birthplace: *—*

Mother's Maiden Name: *Mary Robbins* Mother's Birthplace: *Maryland*

Name of person giving information: *Alce Imack* How related to deceased: *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: *Tuberculosis* How long: *179*

Immediate: *—* How long: *—*

Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician: *Dr. D. J. Masser*

not in attendance Address: *Sub-registrar*

Accident or Suicide? *B. J. Owens, undertaker.*

Wm. L. D. Massy
London
England

Name
in
Full

Sam Salby

CERTIFICATE OF DEATH

Died at Berlin ^{Town}Worcester ^{County}

MARYLAND

Date
of death 1904 Aug ^{Month}27 ^{Day}Age 80 ^{Years}

Months

Days

Sex MaleColor or
Race BlackBirth-
place Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameJersey SalbyFather's
BirthplaceMarylandMother's
Maiden NameRoda SalbyMother's
BirthplaceMarylandName of person giving
InformationWilliam ParwellHow related
to deceasednone

CAUSES OF DEATH

Primary

How long

Immediate

How long

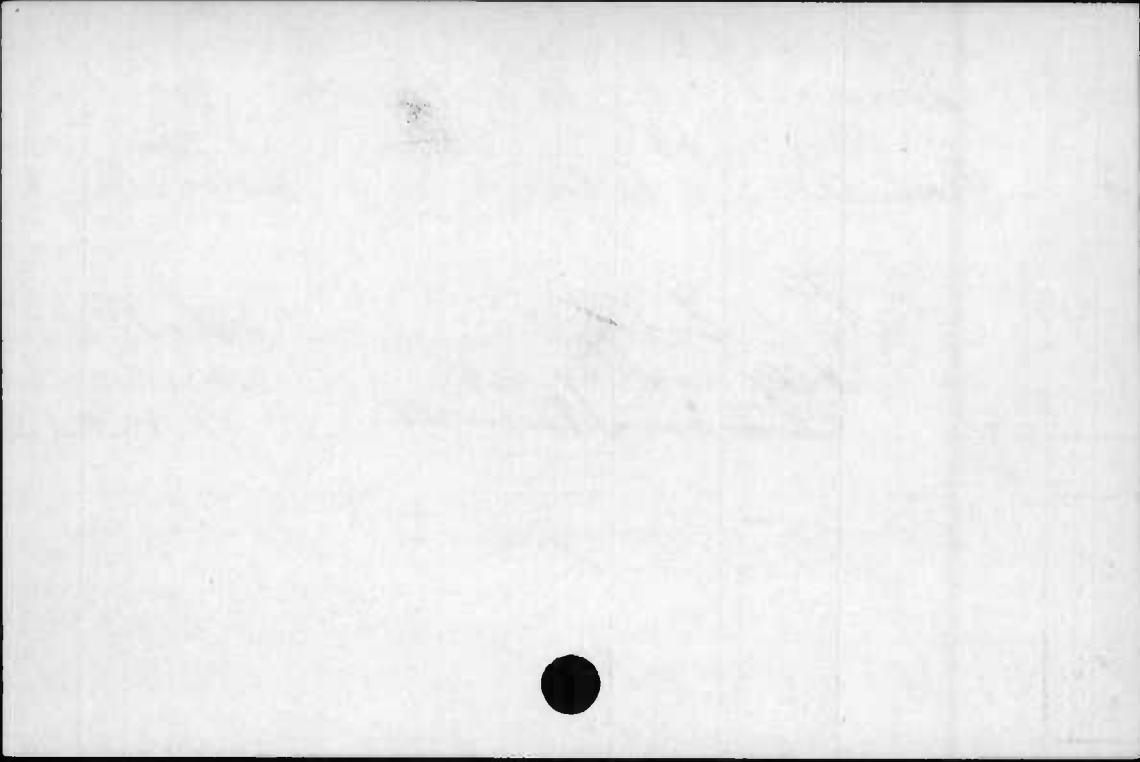
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

No further matters

Accident or Suicide?

by Exams undertakerTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shore</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1906 Aug</i>		<i>14</i>	<i>10</i>		
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>Maryland</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Frank Smith -</i>			Father's Birthplace <i>Ches Md,</i>		
Mother's Maiden Name <i>Margaret Shumel</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Bertie Dunkin</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Nephritis</i>	How long	<i>10 days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	<i>J P Collins</i>
		Address	<i>Bethesda Md</i>
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

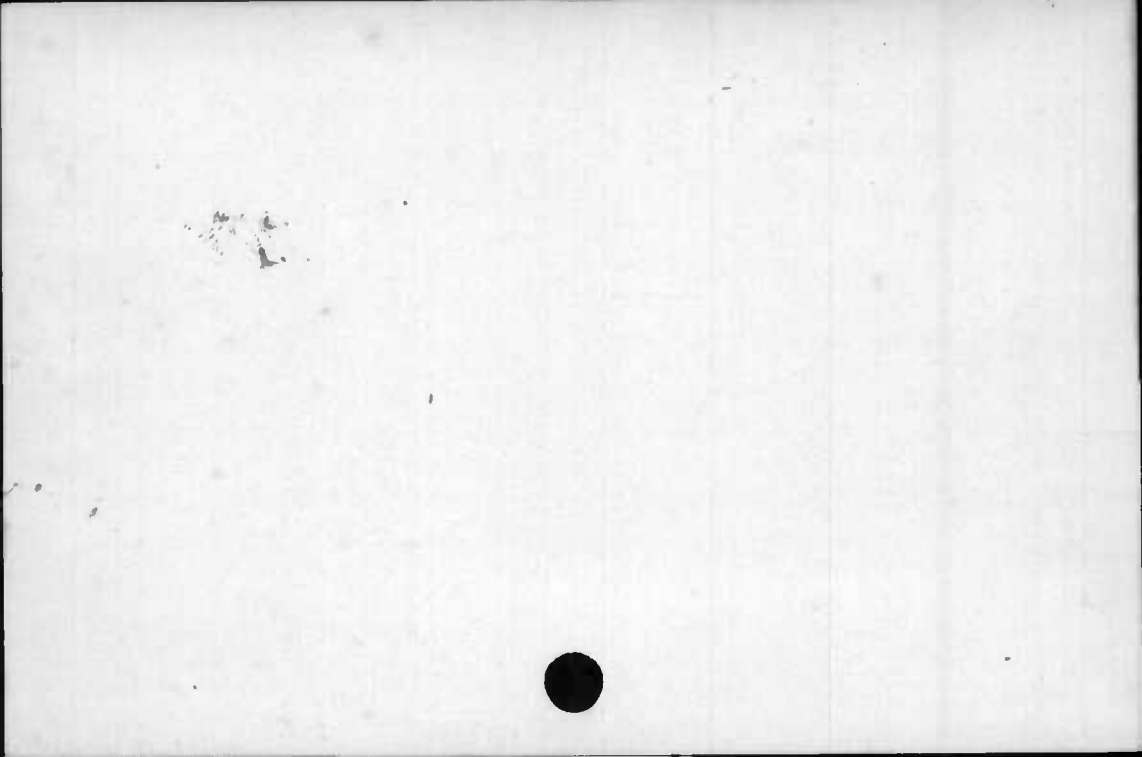
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bashawville</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	1906	Month	May	Day	5
Age		75		Years	
Sex	Male	Color or Race	White	Birth-place	
Occupation	Laborer		Where Residing if not at place of death <u>at home</u>		
Married, Single or Widowed	Married	Name of Wife or Husband	Elin Holton		
Father's Name	Don't know		Father's Birthplace	Del	
Mother's Maiden Name	Don't know		Mother's Birthplace	Del	
Name of person giving information	Paynter Watson		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Aphrolexia</u>	How long	<u>64</u>	How long	<u>2 weeks</u>
Immediate					
Are the name, age, sex, color, date and place correctly given above?		yes			
Signature of Physician		<u>J P Collins</u>			
Address		<u>Brispindle</u>			
Accident or Suicide?					



Name
in
Full

Ethel May Stevens

CERTIFICATE OF DEATH

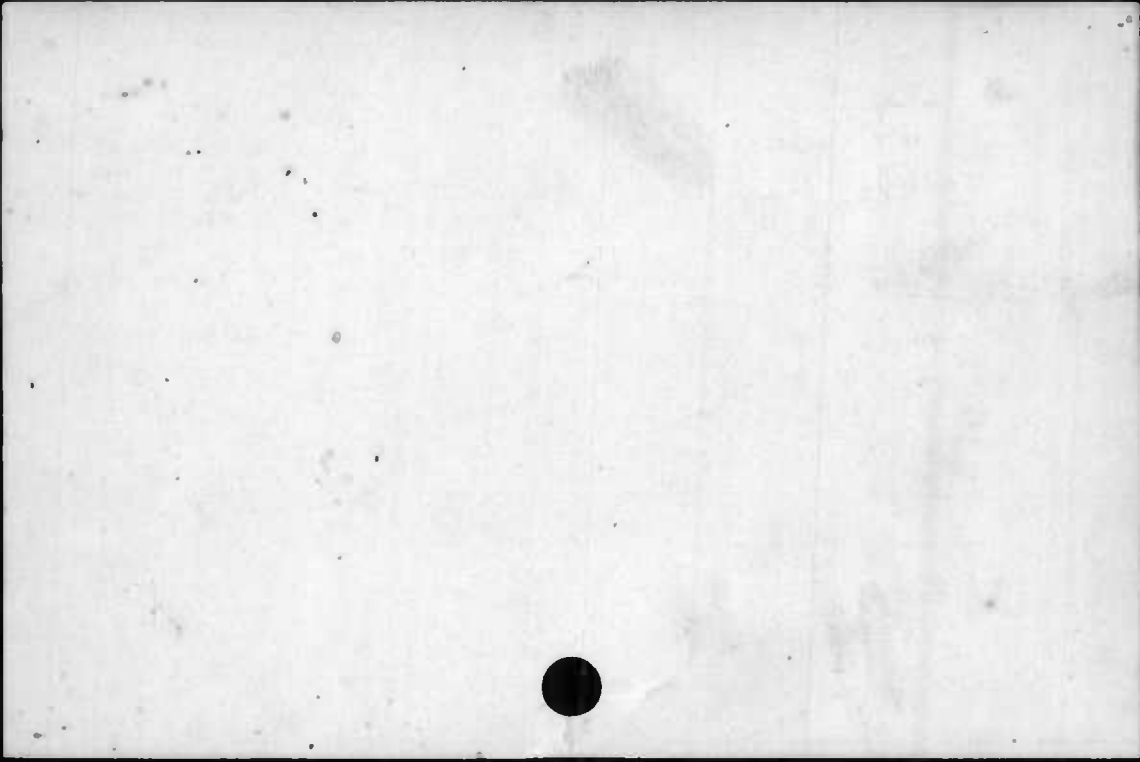
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Poemshe</i>		Town <i>Poemshe</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>10</i>	Age	Years	Months <i>2</i>	Days <i>15</i>	
Sex <i>female</i>	Color or Race <i>Col</i>		Birth-place <i>near Poemshe</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Edward Stevens</i>			Father's Birthplace <i>near Poemshe Worcester</i>				
Mother's Maiden Name <i>Emily F. White</i>			Mother's Birthplace <i>near Poemshe</i>				
Name of person giving information <i>Frank Spence</i>			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cholera Infantum</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>W. J. O. Smith M.D.</i>
	Address <i>Poemshe, Cal.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

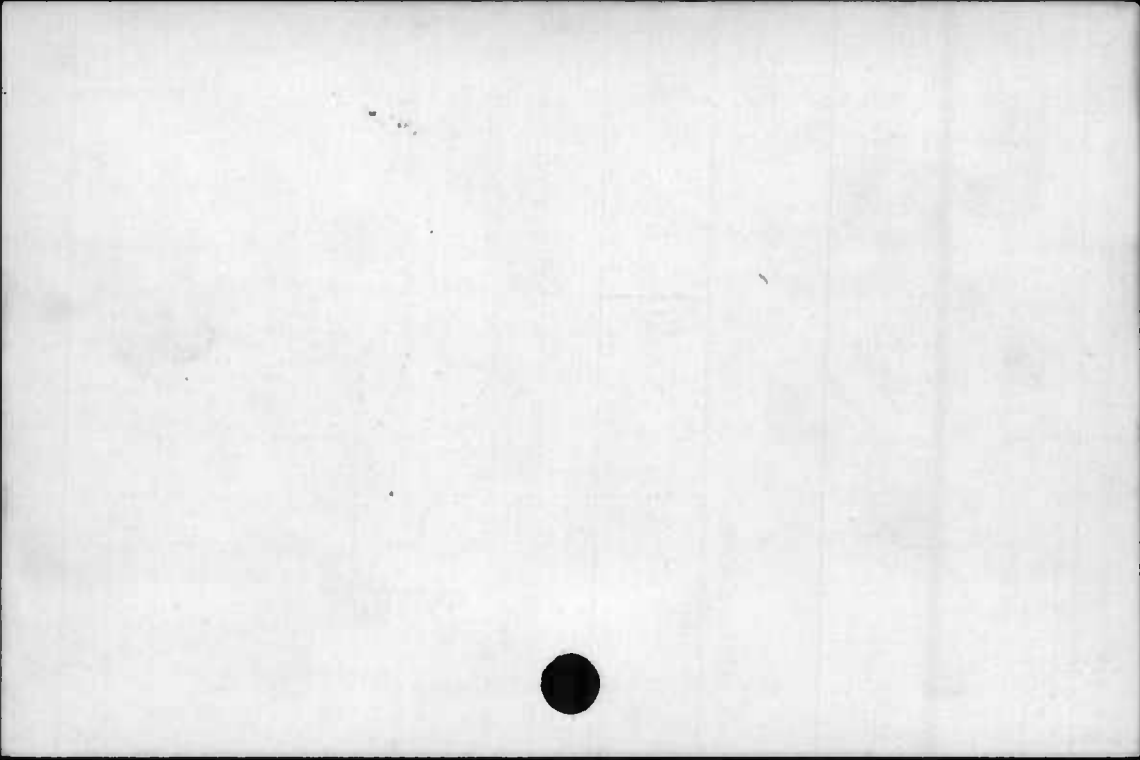
Name in Full <i>Wilson Binley</i>		Town <i>Cumppball</i>		County <i>Worchester</i>		MARYLAND	
Died at <i>Cumppball</i>		Month <i>August</i>		Day <i>29</i>		Years <i>53</i>	
Date of death <i>1906 August 29</i>		Sex <i>Male</i>		Color or Race <i>Colloid</i>		Birth-place <i>Maryland</i>	
Occupation <i>Harmer</i>		Where Residing if not at place of death <i>At home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Howell</i>					
Father's Name <i>Benjamin Binley</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Annie Perwood</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Eliza Law</i>		How related to deceased <i>Son</i>					

(159)

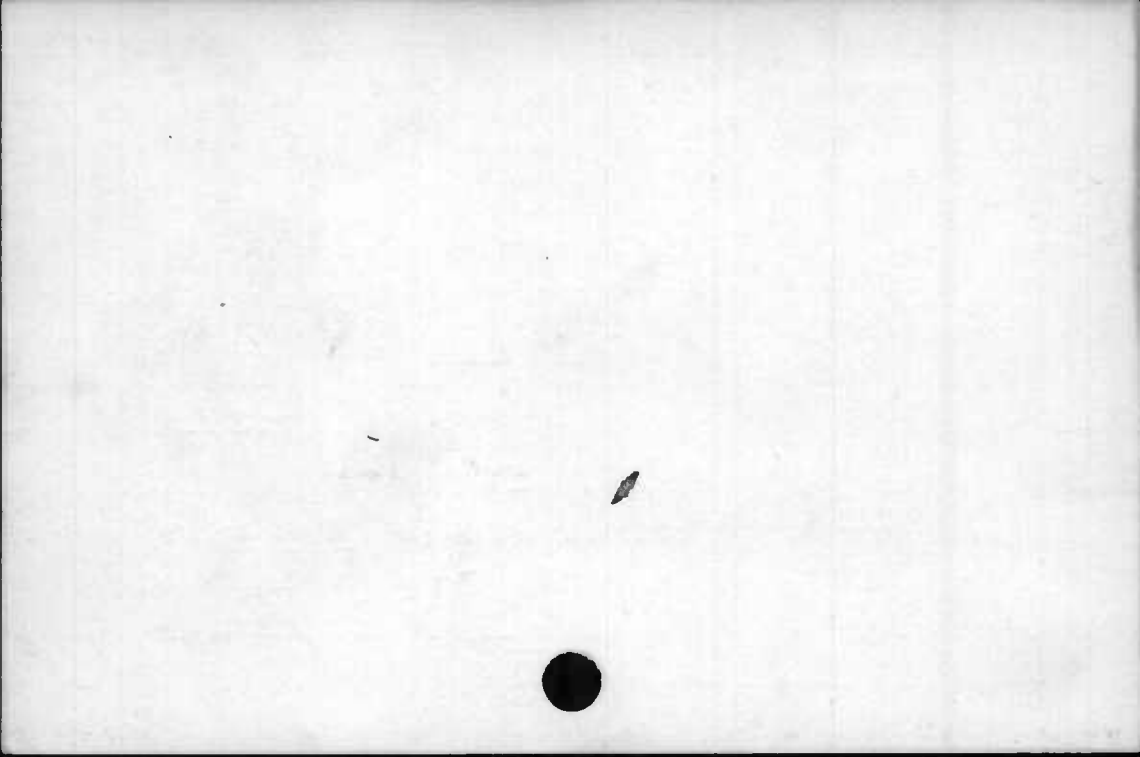
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Shot himself in the head</i>		How long <i>Immediately</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. Phillips</i>	
		Address <i>Brickville</i>	
Accident or Suicide?			



Name in Full		Certificate of Death			
H ^M Samuel Tilghman		MARYLAND			
Died at		Town		County	
Pocomoke City		Pocomoke		Wicomico	
Date of death		Month	Day	Years	Months
1906 Aug 28				35	
Sex		Color or Race		Birthplace	
Male		White		Wicomico Co, Md.	
Occupation		Where Residing if not at place of death			
No occupation		+			
Married, Single or Widowed		Name of Wife or Husband			
Married		Do not know			
Father's Name		Father's Birthplace			
George H. Tilghman		Md			
Mother's Maiden Name		Mother's Birthplace			
Sallie O. Brattain		Md.			
Name of person giving information		How related to deceased			
Sallie A. Jones		Mother			
CAUSES OF DEATH					
Primary		How long			
Epilepsy		Life time			
Immediate		How long			
Accidental drowning		Ten minutes			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		J. M. Wilson			
		Address			
		Pocomoke City			
Accident or Suicide?					
Accident					



Name
in
Full

Susan A Townsend

CERTIFICATE OF DEATH

MARYLAND

Died at Ocean City

Worcester County

Date of death 1906 Aug

Day 19

Age 56

Months 9

Days

Sex Female

Color or Race

white

Birthplace

Newark Md

Occupation

wife

Where Residing if not at place of death

Snow Hill Md

Married, Single or Widowed

Married

Name of Wife or Husband

Robt. W. Townsend

Father's Name

Geo Bowden

Father's Birthplace

Snow Hill Md

Mother's Maiden Name

Susan A Bowden

Mother's Birthplace

Newark Md

Name of person giving information

Mrs B. P. Northington

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Paralysis

How long

11 years

Immediate

"

How long

a few hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. J. Townsend M. D.

Address

Ocean City

Md

Accident or Suicide?

No

LIBRARY BUREAU ABUS10

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

